

Faith Presbyterian Church
Session Update of April 23, 2020

The Session of Faith Presbyterian Church has been meeting weekly over the recent weeks and offers this Update following its meeting of April 22, 2020.

The Session affirms its intention and determination to discern, plan and prepare for the time ahead prayerfully, faithfully, thoughtfully, and cautiously. By virtue of age or other factors, most of those who share in the life of our congregation are within that group of people at **higher risk for serious illness if exposed to the covid19 virus**.

We will be guided by facts, using reliable scientific, medical, and health-related information. We invite all our members and friends to be and stay informed.
(See pages 3-8 in this document for some very helpful information.)

Our cessation of in-person activities through, at least May 13, remains in place.

The Session is **very aware** that this cessation **may be further extended** and will continue to monitor the situation and communicate accordingly.

In serving God, we will continue to have a close focus upon the health and well-being of everyone who shares in the life of our church and/or is touched by our ministries. Every action that is taken to help nurture the life of Faith Presbyterian Church, at this exciting and encouraging time in its story, will reflect God's care, and our care, for every person who shares in our life and work.

In the days, weeks, months and years ahead we ask everyone to continue to join together as we face the challenges and opportunities ahead of us.

The words of the hymn, "Lord of all hopefulness" are offered to all as a resource. They can be a prayer or a statement of intention for each of us and for our life as a church at this time. In each day, in each part of each day, in everything that happens to us or around us, we can seek to affirm God's hopefulness, eagerness, kindness, and gentleness:

1 Lord of all hopefulness, Lord of all joy, whose trust, ever childlike, no cares could destroy:
Be there at our waking, and give us, we pray, your bliss in our hearts, Lord, at the break of the day.

2 Lord of all eagerness, Lord of all faith, whose strong hands were skilled at the plane and the lathe:
Be there at our labors, and give us, we pray, your strength in our hearts, Lord, at the noon of the day.

3 Lord of all kindness, Lord of all grace, your hands swift to welcome, your arms to embrace:
Be there at our homing, and give us, we pray, your love in our hearts, Lord, at the eve of the day.

4 Lord of all gentleness, Lord of all calm, whose voice is contentment, whose presence is balm:
Be there at our sleeping, and give us, we pray, your peace in our hearts, Lord, at the end of the day.

Faith Presbyterian Church is open – very much open - even while the building is closed and we are choosing to cease all in-person activities.....

We are worshipping God together, sharing Communion, welcoming new members, connecting with and praying for those who share their needs and hurts, planning for our future, welcoming a new staff member, checking in with one another, reaching out to our mission partners, attending to items required for the operations of the church, participating in learning opportunities, progressing on our new building, anticipating what changes may arise in the coming weeks, assessing how to best use technology, listening to each other supporting one another as leaders, members and neighbors as best we can..... and other things we could add to this list.....

Faith Presbyterian Church has concern – deep concern – for our members, friends and local participants in our shared life - even while the building is closed and we are choosing to cease all in-person activities.....

This concern is expressed by all modes and manner of connection and communication to enable worship, learning, fellowship, care and service to others, by the decision to cease all in-person activities, by the encouragement to everyone to “shelter in place”, by acting out of our understanding that we are facing a very serious situation as a people and a society.

Such concern will continue when and as we move toward, into and through every stage of our ongoing response to the impact of covid19 in our corporate life as a church.

This concern requires that we pay the closest attention to the nature of our congregation. Close to 100% of our members, friends and participants are, for a variety of reasons, people at higher risk of serious illness if exposed to covid19.

Our normal vibrancy and energy obscure this reality! In normal times we don't see ourselves as “older adults” – but we are. And we are also blessed to be a congregation containing many senior seniors and people who have or have had, significant medical challenges noted as increasing the severity of covid19-related illness.

How we are facing the current situation and how we will face future stages of this challenge can help others navigate these very same challenges.

Faith Presbyterian Church has concern – deep concern – for our neighbors – near and far – and for our participation in God's mission to and for the least and the last - even while the building is closed and we are choosing to cease all in-person activities.....

This concern is expressed by our prayers for people in need, by people helping where they can in acts of practical service to our neighbors, by gifts given and shared for needs and causes, by working to understand ways we will need to adapt what has been done in the past to reflect the new, evolving and difficult situation we are all facing.

Such concern will continue as we assess the impact of covid19 upon our neighbors and how our response will also have to take on new forms and different methods.

What You Can do if You are at Higher Risk of Severe Illness from COVID-19

Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Here's What You Can do to Help Protect Yourself



Stay home if possible.



Wash your hands often.



Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.



Clean and disinfect frequently touched surfaces.



Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](#).



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a framework for actions which local and state health departments can recommend in their community to both prepare for and mitigate community transmission of COVID-19 in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

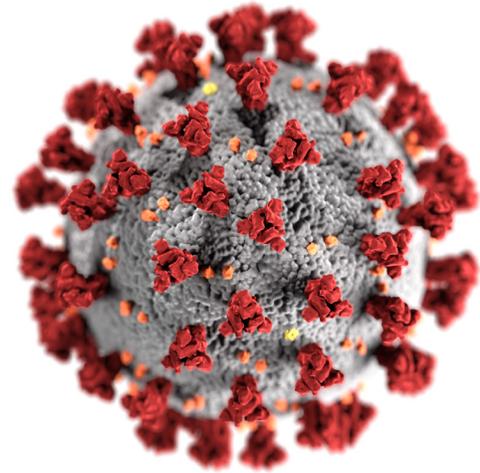
The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A)
- The healthcare and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality and the social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. These strategies should be implemented to prepare for and when there is evidence of community transmission. Signals of ongoing community transmission may include detection of confirmed cases of COVID-19 with no epidemiologic link to travelers or known cases, or more than three generations of transmission.

Implementation is based on:

- Emphasizing individual responsibility for implementing recommended personal-level actions
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe illness
- Minimizing disruptions to daily life to the extent possible



Guiding principles

- Each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community and their populations, and the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving local situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.
- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- Activities in Table 2 may be implemented at any time regardless of the level of community transmission based on guidance from local and state health officials.
- The level of activities implemented may vary across the settings described in Table 2 (e.g., they may be at a minimal/moderate level for one setting and at a substantial level for another setting in order to meet community response needs).
- Depending on the level of community spread, local and state public health departments may need to implement mitigation strategies for public health functions to identify cases and conduct contact tracing (Table 3). When applied, community mitigation efforts may help facilitate public health activities like contact tracing



Table 1. Local Factors to Consider for Determining Mitigation Strategies

Factor	Characteristics
Epidemiology	<ul style="list-style-type: none"> • Level of community transmission (see Table 3) • Number and type of outbreaks (e.g., nursing homes, schools, etc.) • Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services • Epidemiology in surrounding jurisdictions
Community Characteristics	<ul style="list-style-type: none"> • Size of community and population density • Level of community engagement/support • Size and characteristics of vulnerable populations • Access to healthcare • Transportation (e.g., public, walking) • Planned large events • Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)
Healthcare capacity	<ul style="list-style-type: none"> • Healthcare workforce • Number of healthcare facilities (including ancillary healthcare facilities) • Testing capacity • Intensive care capacity • Availability of personal protective equipment (PPE)
Public health capacity	<ul style="list-style-type: none"> • Public health workforce and availability of resources to implement strategies • Available support from other state/local government agencies and partner organizations

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Workplace “What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)”</p>	<ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include: <ul style="list-style-type: none"> » Liberal leave and telework policies » Consider 7-day leave policies for people with COVID-19 symptoms » Consider alternate team approaches for work schedules. • Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill). • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean and disinfect frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in building. 	<ul style="list-style-type: none"> • Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness. • Implement social distancing measures: <ul style="list-style-type: none"> » Increasing physical space between workers at the worksite » Staggering work schedules » Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.) • Limit large work-related gatherings (e.g., staff meetings, after-work functions). • Limit non-essential work travel. • Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible). 	<ul style="list-style-type: none"> • Implement extended telework arrangements (when feasible). • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals. • Cancel non-essential work travel. • Cancel work-sponsored conferences, tradeshows, etc.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Community and faith-based organizations “What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)”</p>	<ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.). • Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness. • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building. 	<ul style="list-style-type: none"> • Implement social distancing measures: <ul style="list-style-type: none"> » Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness. » Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. • Cancel large gatherings (e.g., >250 people, though threshold is at the discretion of the community) or move to smaller groupings. • For organizations that serve high-risk populations, cancel gatherings of more than 10 people. 	<ul style="list-style-type: none"> • Cancel community and faith-based gatherings of any size.

Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].